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State/Territory Name: WI

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

May 19, 2023

Jamie Kuhn,
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment TN: #23-0006

Dear Director Kuhn,

We have reviewed the proposed Wisconsin State Plan Amendment, TN: #23-0006 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2023. This State Plan Amendment provides an increase to the hourly rate for personal care services to \$5.86 per 15 minute interval.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Division of Reimbursement Review Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 6

2. STATE

WI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

01/01/23

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201 and 2021 WI Act 58

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 18,661,199

b. FFY 2024 \$ 23,484,253

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B

Non-Institutional Services

Page 16.h-11.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Same

Supersedes 22-0002

9. SUBJECT OF AMENDMENT

Personal Care Rate Adjustment

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:



11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Jamie Kuhn

13. TITLE

Medicaid Director

14. DATE SUBMITTED

03/29/23

15. RETURN TO

Bailey Dvorak

State Plan Amendment Coordinator

Department of Health Services

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

FOR CMS USE ONLY

16. DATE RECEIVED

03/29/2023

17. DATE APPROVED

May 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2023

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement and Review

22. REMARKS

State: Wisconsin

41. Personal Care Services

The Department establishes maximum allowable fees for personal care services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services.

The agency's fee schedule rates were set as of January 1, 2023 and are effective for services provided on or after that date. All rates are published on the Wisconsin ForwardHealth website:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeHome.aspx>

For each covered service, the Department shall pay the lesser of a provider's usual and customary charge or the maximum fee established by the Department.